

S. No. 2
-12-45
5-17-39
I X47070

FILED OCT 28 1946
Registration District No. **317**

Primary Registration District No. **6076**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Manchester
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Manchester Nursing Home *4*
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME WILLARD A. CUNNINGHAM.

3. (b) If veteran, name war unknown

3. (c) Social Security No. 082-03-8679

4. Sex Male *o* 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary G. Cunningham

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased August 18 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

71	1	28	hr. min.
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9. Birthplace Goshen, Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Retired;

11. Industry or business Mdse. Mgr. Butler Brothers.

MOTHER FATHER

12. Name Oliver Cunningham.

13. Birthplace Indiana
(City, town, or county) (State or foreign country)

14. Maiden name Bethia Ann Simpson.

15. Birthplace Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary G. Cunningham.

(b) Address 1508 Andrew Drive.

17. (a) Cremation (b) Date thereof Oct. 21 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cremation.

18. (a) Signature of funeral director C.R. Lupton & Sons.

(b) Address 7233 Delmar Blvd.

19. (a) 10-21-46 (b) Edith J. Riley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis *96*

(c) City or town Kirkwood, *4*
(If outside city or town limits, write "RURAL")

(d) Street No. 1508 Andrew Drive *3*
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 16
year 1946 hour 5:45 minute _____ P. M.

21. I hereby certify that I attended the deceased from August 31st 1945 to Oct. 16 1946;
that I last saw him alive on Oct. 16 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Chronic Myocarditis.
General Arteriosclerosis.

Duration
13 1/2 Mos.

Due to _____

Due to _____ *93d*

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations none

Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature G. H. Denny (M. D. or other) _____
Address breve boeur Date signed 10-19-46

7827 Belmar

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Raymond L. Harris
Licensed Embalmer No. 4330
P. O. Address Maplewood, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.